Vasectomy Services –
Post Vasectomy
Semen Analysis
(PVSA)

Clinical Protocol Template



## Instructions

This template protocol is intended to assist sexual, reproductive health, and family planning providers in developing and updating local, service site-specific clinical protocols. If your organization decides to use this template protocol, your organization will tailor the contents to your specific needs and create a local protocol. The individual(s) using the template protocol as a starting point are expected to include the appropriate option that reflects their organization’s current practices. If your organization has policies, procedures, or practices not listed as an option, they should be described in detail and inserted into the draft local protocol. When formatting the draft local protocol, the options that do not apply to the organization should be deleted. In addition to this, it is recommended to adhere to the following:

1. Areas highlighted in (blue) should be edited to include the indicated information within the parentheticals.
2. Segments written in [gold] are intended as notes/instructions to the reader and should not be included as content in the clinical protocol.
3. The cover, instructions/disclaimer page (which you are currently reading), and CTC-SRH logo should not be included in the draft local protocol.

## Disclaimer

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## Vasectomy Services – Post Vasectomy Semen Analysis (PVSA)

The purpose of this protocol template collection is to describe [Insert Agency’s Name] process for post-vasectomy semen analysis (PVSA).

Male sterilization, or vasectomy, is a safe and effective form of permanent contraception that can be performed in an outpatient or office setting. Fewer than one person out of 100 becomes pregnant in the first year after the insertive partner undergoes sterilization. This clinical protocol aims to provide guidelines for healthcare providers performing vasectomies.

### Post Vasectomy Semen Analysis (PVSA)

PVSA is used to confirm the effectiveness of a vasectomy.

PVSA should be conducted between 8 and 16 weeks after the procedure.

To evaluate sperm motility, a fresh\*, uncentrifuged semen sample should be examined within two hours after ejaculation.

Clients may stop using other methods of contraception when examination of one well-mixed, uncentrifuged, fresh post-vasectomy semen specimen shows azoospermia or only rare non-motile sperm (RNMS or ≤ 100,000 non-motile sperm/mL).

If > 100,000 non-motile sperm/mL persist beyond six months after vasectomy, then trends of serial PVSAs and clinical judgment should be used to decide whether the vasectomy is a failure and whether repeat vasectomy should be considered.

Vasectomy should be considered a failure if any motile sperm are seen on PVSA at six months after vasectomy, in which case repeat vasectomy should be considered.

Repeat vasectomy is necessary in ≤1% of vasectomies, provided that a technique for vas occlusion known to have a low occlusive failure rate has been used.

\*Some providers offer a mail-in PVSA option using a non-fresh sample.
This approach has been associated with increased compliance in some cases.

### References

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Sharlip ID, Belker AM, Honig S et al: Vasectomy: AUA guideline. J Urol 2012; 188: 2482.

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